United Nations DP/FPA/2003/4 (Part II)

Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund

Distr.: General
17 April 2003

Original: English

Annual session 2003
6 to 20 June 2003, New York
Item 13 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

THE MULTI-YEAR FUNDING FRAMEWORK CUMULATIVE REPORT, 2000-2003

Report of the Executive Director

CONTENTS

		Page
Executive Summary		2
I.	INTRODUCTION	2
II.	CONTEXT	3
III.	IMPLEMENTING THE RESULTS FRAMEWORK	4
	Goals and outputs	4
	Strategies	14
IV.	MANAGING FOR RESULTS	18
V.	IMPLEMENTING THE INTEGRATED RESOURCES FRAMEWORK	19
VI.	STRATEGIC CONSIDERATIONS FOR THE NEXT MYFF CYCLE	22
VII.	RECOMMENDATION	23
Annex		24

03-33097 (E) 240403

Executive summary

1. This is a cumulative report on the implementation of the multi-year funding framework (MYFF) for the period 2000-2003. It has two central components: a results framework and an integrated resources framework. The results framework (see annex) sets out three long-term goals for UNFPA: (a) good reproductive health for all; (b) a balance between population dynamics and social and economic development; and (c) gender equality and the empowerment of women. The MYFF specifies outputs for each of the goals, defines the indicators to measure progress and identifies strategies used to achieve results. The integrated resources framework estimates the resources required for UNFPA to achieve results.

2. Results framework. The report is based on information provided in annual reports from all UNFPA units, including country offices. It provides evidence of the Fund's contribution towards implementing the Programme of Action of the International Conference on Population and Development (ICPD) and achieving the Millennium Development Goals (MDGs). It demonstrates progress for the six MYFF outputs and presents lessons learned in deploying the four strategies used to attain results: advocacy; strengthening national capacity; building and using a knowledge base; and promoting, strengthening and coordinating partnerships.

3. While there is a lack of data for reporting on the MYFF goal indicators over such a short period of time, 2000-2003, there has been a marked improvement in the availability and quality of data at the output level, and a notable increase in the recording and reporting of data at the country level. However, there is a great variation among countries as regards data availability, and continued efforts are necessary to build capacity in data collection, as well as in monitoring and reporting programme results.

4. Managing for results. The Fund's transition process, launched during the MYFF period, put results-based management centre stage. It led to the formulation of a common strategic direction and results-oriented approaches to Fund-wide processes and systems that are currently being implemented throughout the organization.

5. Resources framework. The report gives an update of the income estimates over the MYFF period, reports on the mobilization of resources, and indicates how programme funds are distributed among the UNFPA country categories, in accordance with Executive Board decision 2000/19.

6. Strategic considerations. The report concludes with a review of strategic considerations for the implementation of the next MYFF cycle, which will link programme support to national policy development and poverty reduction. To accelerate progress towards ICPD goals and MDGs, the Fund will focus on advancing the ICPD agenda, at national and global levels, by establishing strategic alliances with key partners.

I. INTRODUCTION

7. This report has been prepared in response to Executive Board decision 2000/9. UNFPA presented its first MYFF to the Board in April 2000 (see DP/FPA/2000/6). The present report is a cumulative review of the implementation of the 2000-2003 MYFF. It outlines the Fund's key contributions in assisting countries to implement the ICPD Programme of Action, ICPD+5 Key Actions and achieving the MDGs. Section II outlines the context in which UNFPA works. Section III reports on UNFPA progress in achieving MYFF goals and outputs, and discusses lessons learned in implementing

the four strategies mentioned above. Section IV focuses on managing for results. Section V presents the integrated resources framework. Section VI highlights strategic considerations for the next MYFF cycle. Section VII contains possible elements of a decision that the Executive Board may to wish to adopt. The annex provides the 2000-2003 MYFF results framework in a tabular form (earlier presented in DP/FPA/2002/4, Part II).

II. CONTEXT

8. The environment in which UNFPA works to implement the ICPD Programme of Action has changed rapidly over the 2000-2003 MYFF period. There is a renewed determination among development agencies to work together in more efficient and effective ways to address poverty, disease, conflict and human rights violations. The Millennium Declaration and the MDGs provide a framework and compass to orient international development efforts, as well as the opportunity to highlight the relationship between poverty reduction, reproductive health and rights, population, gender equality, and development. It is not possible to reduce poverty and achieve the MDGs without increasing gender equality and access to reproductive health. Eight of the MYFF goal-level indicators correspond to MDG indicators, underscoring that population, reproductive health and gender equality underpin the achievement of the MDGs, with poverty eradication at the centre.

9. It has been widely recognized that additional resources need to be mobilized to bridge the gap between current levels of official development assistance (ODA) and the estimated funding required to achieve development goals. The 2002 Monterrey Consensus of the International Conference on Financing for Development committed Governments to mobilize and increase the effective use of financial resources to achieve internationally agreed goals, and underlined the key role of the United Nations in these efforts.

10. The United Nations Development Assistance Framework (UNDAF) builds a coordinated response to country priorities, ensuring that resources are used in strategic and complementary ways. The United Nations common country assessments (CCAs), the Inter-agency Consolidated Appeals Process (CAP), sector reform, sector-wide approaches (SWAps), and poverty reduction strategy papers (PRSPs) provide common planning and programming tools for development partners. All these broader programme and policy frameworks emphasize country-led, results-oriented partnerships and an integrated approach to national capacity-building. There remains a need to reduce the burden on counterpart agencies by simplification and harmonization of multiple reporting systems that require different sets of indicators.

11. The world faces growing numbers of men and women of reproductive age, and the largest-ever number of adolescents, the most vulnerable group with regard to reproductive health and rights. Assuring reproductive health commodity security (RHCS) is an urgent challenge, particularly with many young people exposed to unwanted pregnancy and HIV/AIDS. The HIV/AIDS epidemic is a formidable threat to reproductive health and sustainable development. With a few exceptions, such as Thailand and Malaysia, maternal mortality and morbidity in developing countries are stubbornly resistant to positive change.

12. In the context of a changing political and religious environment, some have sought to reopen the debate on the agreed text of the ICPD Programme of Action, as well as the consensus reached in Cairo by 179 countries. At the same time, there has been a groundswell of support for the Fund and its achievements. Support has come from individuals, programme countries, donors, the Executive Board,

the Group of 77 and China, as well as the Africa regional group and others. UNFPA is committed to building an environment that allows all individuals, and especially poor women and girls, to exercise their reproductive rights, and at the same time fosters an understanding of the religious and cultural context that shapes values and beliefs.

13. Many of the countries that UNFPA works in are experiencing or emerging from conflict situations, political crises or natural disasters. Such events often destroy social and health infrastructure, create urgent needs among vulnerable groups, especially women and girls, and negatively impact country programme results. Gender-based violence is exacerbated in these situations. The impact of conflicts and disasters frequently spreads beyond national borders, and many countries are challenged by the internal and cross-border movements of people.

14. As the tenth anniversary of ICPD approaches, resources are far below those necessary to provide even a limited package of reproductive health services, and increased efforts are needed to mobilize resources to meet ICPD goals. The 18-month staff-led comprehensive transition exercise determined that to improve the Fund's contribution to achieving development goals and increasing the efficacy of resource utilization, UNFPA should strengthen its human resources in country offices and its strategic and alliance-building approach to programming. In short, the Fund should act as a catalyst for mobilizing and guiding the use of far larger resources of national Governments, global funds, and other development partners towards the promotion of this agenda.

III. IMPLEMENTING THE RESULTS FRAMEWORK

Goals and outputs

15. The 2000-2003 MYFF results framework (see annex) sets out three long-term goals, six outputs that contribute to these goals, and four strategies for achieving results. Progress towards goals and outputs, and lessons learned in implementing strategies are reviewed in this section.

16. The MYFF goals reflect the Fund's commitment to the implementation of the ICPD Programme of Action: (a) good reproductive health for all; (b) a balance between population dynamics and social and economic development; and (c) gender equality and the empowerment of women. Showing impact through movement of goal level indicators between the years 2000 and 2003 is problematic, as the latest data available from international sources mostly predate the period. To review its performance at the goal level, UNFPA examined how it has strategically positioned itself, based on comparative advantage and lessons learned, to work towards each goal. It examined the relevance – *are we doing the right things* – and effectiveness – *are we doing them right* – of this approach.

17. The six outputs capture the Fund's contribution to MYFF and ICPD goals, and reflect the most common outputs of UNFPA-supported programmes. Here the Fund looked at impact – *are we making a difference* – over the MYFF period. Clearly, UNFPA support has increased access to reproductive health through improving the availability and quality of comprehensive reproductive health services, including for adolescents, and increasing demand through helping to create a more enabling environment for reproductive health. UNFPA support has made the ICPD agenda, including population and gender issues, more visible in national and sectoral plans and partnership frameworks, through intersectoral networking, increased availability of sex-disaggregated population data, and integrated and functional national databases. Progress in gender equality and women's empowerment has been difficult to capture through the MYFF output indicators, but the Fund has adopted innovative approaches to behavioural change,

including among adolescents and men. Over the MYFF period, UNFPA has also sought to reinforce the centrality of gender issues within a human rights framework; build civil society advocacy skills; and support the generation and use of gender-sensitive information to promote and monitor behavioural and policy change.

18. The Fund is continuing to move towards establishing a monitoring culture. There has been a marked improvement in the availability of data at the output level. However, the lack of synchronization between the MYFF cycle and country programme cycles has complicated reporting on trends over 2000-2003. There remains a pressing need to further improve data quality and availability for adequate monitoring and reporting.

MYFF Goal 1

All couples and individuals enjoy good reproductive health, including family planning and sexual health throughout life.

19. The ICPD Programme of Action urges all countries to ensure universal access to reproductive health no later than 2015. The Fund's contribution to achieving this goal has focused on five interactive and mutually supportive areas: (a) reducing unmet need for family planning; (b) improving maternal health; (c) promoting adolescent reproductive health; (d) preventing HIV/AIDS; and (e) reducing gender-based violence. Based on lessons learned from evaluations, UNFPA has strengthened programming in these areas and developed new programming approaches in three of them.

20. Reducing unmet need for family planning. A key lesson learned is that reducing unmet need for family planning prevents unintended and unwanted pregnancies and contributes to reducing maternal morbidity and unsafe abortion. Throughout the 1990s, contraceptive use in the developing world increased markedly, yet there is still a gap in access between rich and poor people. UNFPA is the world's largest public sector procurer of contraceptives and has played a major role in addressing unmet need. Building on a decade of leadership, the Fund launched, in 2001, a strategy for RHCS, and invited partnerships for change, in collaboration with public, private and non-governmental organizations (NGOs). UNFPA has contributed to RHCS through support for advocacy, resource mobilization, national capacity-building and donor coordination, and a number of countries have established a budget line for reproductive health commodities. However, there are still severe commodity shortfalls. In addition to reproductive health commodities countries need adequate resources to strengthen their capacity to estimate, finance, procure and deliver the commodities. Many developing countries also need assistance for effective coordination of partnerships to strengthen long-term cooperation and sustainability. In 2001 and 2002, UNFPA conducted regional workshops to provide national counterparts and UNFPA staff with specific guidance on programmatic, technical and substantive issues to assist them in developing and implementing national action plans in the area of RHCS. In September 2002 and January 2003, UNFPA organized two consultative meetings on partnerships for reproductive health commodities (further information on the Fund's work in the area of RHCS is contained in DP/FPA/2003/4, Part III).

21. Improving maternal health. Global failure to make marked improvements to maternal health in developing countries, where 99 per cent of all maternal deaths occur, is attributed to inadequate political commitment and resources, lack of prioritization, gender discrimination and strategies that fail to recognize that all pregnancies face risk. Based on lessons learned from a UNFPA evaluation in 1999, UNFPA has developed a three-pronged approach to reducing maternal mortality and morbidity: family

planning to avoid unintended and unwanted pregnancies, skilled attendance at birth for all women, and emergency obstetric care in case of complications, together with strengthened monitoring systems.

22. Promoting adolescent health. The 1 billion young people who are beginning their reproductive lives face multiple challenges to their health, development and safety, especially as regards sexuality and reproductive health. A review of traditional approaches to adolescent reproductive health identified many neglected issues and groups, including married adolescents, and highlighted the need for evidence-based programming. UNFPA has developed a second generation of adolescent reproductive health programming which adopts a more comprehensive, multisectoral approach that addresses the diverse needs of young people within different sociocultural situations, in the context of unequal gender relations and widespread poverty.

23. Preventing HIV/AIDS. UNFPA contributes to the fight against HIV/AIDS within the context of promoting reproductive health, rights, and gender equality. A UNFPA evaluation in 2002 confirmed that the Fund had made good progress in integrating HIV/AIDS into country programmes and in gaining support from key stakeholders, such as religious leaders and other non-traditional partners, through advocacy and innovative community-level interventions. The evaluation recommended giving increased attention to vulnerable and at-risk groups; making male and female condoms more easily available; and providing services for the management of sexually transmitted infections (STIs). The evaluation also recommended the use of behavioural and operational research to address behaviour change, especially among youth and men, and gender dynamics and their impact on sexual decision-making. The lessons learned helped articulate the Fund's strategic direction and programming framework around three core areas: (a) preventing HIV infection in young people; (b) condom programming; and (c) preventing HIV infection in pregnant women.

24. Reducing gender-based violence. Gender-based violence is strongly associated with poor reproductive health and with reducing demand for and access to reproductive health services. Over the MYFF period, UNFPA monitored, for the first time, government awareness and commitment to addressing gender-based violence. In the absence of comparable quantitative data, UNFPA used as an indicator the existence of a national mechanism to monitor and reduce sexual violence. Data revealed that increasing national attention was being paid to the issue, both through single-issue campaigns – for example, female genital cutting (FGC) and early marriage – and through broader attempts to address violence within the framework of social and economic rights. In 2002, 26 countries reported a monitoring mechanism in place and 25 reported that such a mechanism was under development.

UNFPA outputs toward achieving MYFF Goal 1

25. UNFPA has consistently invested more than two thirds of its financial resources to promote reproductive health. The Fund's contribution is captured in the MYFF by three outputs: (a) increased availability of comprehensive reproductive health services; (b) improved quality of reproductive health services; and (c) improved environment for addressing practices that are harmful to women's health.

26. ICPD +5 Key Actions called upon Governments to ensure that by 2015, all primary health care and family planning facilities are able to provide the full range of reproductive health services, and set a benchmark of 60 per cent for the year 2005. The range of services includes modern family planning methods; maternal health care, assisted delivery, and essential and emergency obstetric care; prevention and management of reproductive tract infections (RTIs), including STIs; prevention of HIV/AIDS; management of the consequences and complications of unsafe abortion; and information, education and

counselling on human sexuality and reproductive health, including family planning. During the MYFF period, UNFPA played a critical role in increasing the availability of comprehensive reproductive health services. In some countries, such as the Democratic Republic of the Congo, the only functioning service delivery points (SDPs) providing reproductive care were those supported by UNFPA.

Output 1

Increased availability of comprehensive reproductive health services		
Indicators	Number and percentage[1] of countries reporting at least 60% of SDPs offer the reproductive health services specified	
	2000	2002
SDPs offering at least three reproductive health services[2]	30 (68%)	59 (79%)
SDPs offering information, education, counselling and services to adolescents	8 (44%)	24 (53%)

[1] Total number of countries with a country programme during the MYFF period is 90; percentages are of countries reporting data for the indicator in 2000 and 2002.
[2] Corresponds to ICPD+5 Key Action 53: 60% of SDPs should offer a range of reproductive health services by 2005, 80% by 2010, and 100% by 2015.

27. The number of SDPs offering at least three reproductive health services almost doubled over the MYFF period. The three most common services offered were: (a) modern family planning methods; (b) maternal health care, assisted delivery, and essential and emergency obstetric care; and (c) information, education and counselling on human sexuality and reproductive health, including family planning. Thirty-eight countries reported that UNFPA-supported SDPs offer the full range of reproductive health services.

28. During the MYFF period there was concerted action to establish effective partnerships with other United Nations agencies, universities, NGOs, and community leaders to improve the availability of comprehensive services. UNFPA strengthened its collaboration with the European Commission and the International Planned Parenthood Federation (IPPF) to support 22 countries to improve their capacity to deliver a basic package of comprehensive reproductive health services through public and non-profit private systems.

29. Increased attention has been focused on services to reduce maternal mortality and morbidity. The partnership with Columbia University on the Averting Maternal Death and Disability Programme has resulted in improved emergency obstetric care in four countries; with joint data collection, needs assessments, and emergency obstetric care programme design in 13 other countries. UNFPA has led other United Nations agencies in an Inter-agency Task Force for Maternal Mortality Reduction in Latin America that has helped to build commitment among political leaders and service providers. In West and Central Africa, UNFPA collaboration with UNICEF, WHO and African women leaders culminated in the May 2001 Bamako Declaration that committed all to work for an acceleration of maternal and neonatal mortality reduction in the region by 2010.

30. More countries in 2002 than in 2000 report that prevention and management of RTIs, including STIs, and prevention of HIV/AIDS are integrated into the standard reproductive health services. Furthermore, they report that voluntary counselling and testing (VCT) is increasingly available at SDPs. The Fund's role as chair of the HIV/AIDS theme group in over 16 countries allowed it to shape the

United Nations' response to the epidemic in those countries, and to help translate policies into concrete interventions.

31. The Fund's priority focus on adolescents shows increasing support to reproductive health services that respond to adolescents' needs for confidentiality, privacy and convenient hours. In 2002, half of all countries with data available reported that at least 60 per cent of SDPs were offering services to adolescents. Countries with youth-friendly services, for example, Burundi, Burkina Faso, Côte d'Ivoire and Kenya, also reported increased VCT among youth.

32. Countries report that building a supportive environment, combined with behaviour change communication (BCC) interventions, increase the demand for and availability of youth-friendly reproductive health services. In many countries, including Kenya and Madagascar, UNFPA worked with faith-based organizations to prevent HIV infection and promote better reproductive health, especially among young people. The UNFPA-led Africa Youth Alliance (AYA) programme worked to build strategic alliances with traditional leaders and the media to prevent HIV infection among 10-24 year-olds in four African countries.

Output 2

Improved quality of reproductive health services		
Indicators	Number and percentage[1] of countries reporting at least 60% of SDPs offer the reproductive health services specified	
	2000	2002
SDPs offering at least three modern methods of contraception	38 (72%)	55 (70%)
SDPs providing reproductive health services in accordance with established protocols[2]	14 (60%)	32 (68%)

[1] Total number of countries with a country programme during the MYFF period is 90; percentages are of countries reporting data for the indicator in 2000 and 2002.
[2] 20% of all country offices supplied data for this indicator for 2000 and 47% supplied data for 2002.

33. The emphasis UNFPA places on the quality of reproductive health care reflects the basic right of all individuals and couples to make reproductive health decisions freely and responsibly, with appropriate information and counselling, the highest professional standards of care, and the widest possible range of safe, affordable and accessible family planning methods.

34. UNFPA support for contraceptive procurement and distribution and building logistics management capacity makes a critical contribution to individual choice. Between 2000 and 2003, the number of countries with at least 60 per cent of SDPs offering a choice of at least three modern methods of contraception increased by one third. The most commonly offered methods were male condoms (99 per cent), oral contraceptives (95 per cent) and injectable hormones (91 per cent).

35. Economic, social and cultural barriers, civil war and conflict, deteriorating health infrastructures and declining donor support all limit contraceptive security. BCC and counselling are needed to address discontinuation rates. In many countries in Central and South-East Asia, Latin America and the Caribbean and sub-Saharan Africa, UNFPA is the main – or only – supplier of contraceptives, in some cases providing emergency supplies when other sources fail. A stagnant level of regular resources during the MYFF period did not allow UNFPA to meet the rising demand for commodities. In 2001, resources were increased by contributions from the Governments of Canada, the Netherlands and the United

Kingdom. The Fund continues efforts to increase and scale up contraceptive security. In Mexico, for example, UNFPA took the lead in mobilizing other resources through a cost-sharing agreement that ensured reproductive health commodity procurement and management in half of all states in the country.

36. During the MYFF period, UNFPA built staff and counterparts' capacity to develop and roll out national RHCS strategies. These efforts were complemented by strategies to: increase demand, access and choice through support for operations research; build advocacy skills; train service providers; and increase community-based distribution and social marketing. Increasingly, development agencies seek strategic partnerships with UNFPA to ensure commodity security, and to build national commitment, capacity and support for sustainable logistics management systems.

37. There has been steady improvement over the MYFF period in strengthening the quality of reproductive health services through the development and use of clinical protocols and standards of practice. In 2000, 14 countries reported that at least 60 per cent of SDPs were providing reproductive health services in accordance with established protocols. By 2002, this number had more than doubled, suggesting that countries were placing increased emphasis on quality of care. In 2002, countries reported that protocols and standards of practice had been expanded beyond family planning to cover pre- and post-natal care, emergency obstetric care, RTIs and unsafe abortion, and SDPs in 28 countries now followed protocols for gender-based violence. In addition, 37 countries are revising or updating existing protocols, with UNFPA support focused on training and guidelines development. UNFPA initiatives are being scaled up to national and, in some cases, regional levels. However, institutional and human capacities often remain weak, which affects the quality of care.

38. Several partnerships were forged during the MYFF period to improve the quality of services through rights-based approaches. UNFPA led an inter-agency partnership to improve the quality of sexual and reproductive health care through mobilizing communities, especially women, to demand quality services; and to strengthen partnerships between communities, service providers and policy makers. Country analyses, needs assessments, knowledge sharing and partnership building have been initiated. The approach addresses factors such as gender and poverty that inhibit access to quality care. It also provides a good model for mainstreaming quality care concerns in national programmes.

Output 3

Improved environment for addressing practices that are harmful to women's health			
Indicator	Number of countries[1]		
	2000	2002	2002 – being developed
National policy in place to address harmful practices [2]	14	57	13
[1] Total number of countries with a country programme during the MYFF period is 90. [2] Increases reflect improved reporting as well as real increase.			

39. UNFPA support to increase demand for and access to reproductive health is captured in the MYFF by an output pertaining to an improved environment for addressing practices harmful to women's health. Reported practices harmful to women's health include: sexual violence; FGC; early pregnancy and marriage; poor nutrition; and certain birth and post-partum practices. Also, the lack of education and life opportunities, exacerbated by poverty, negatively impact the well being of girls and women. Efforts to eradicate harmful practices often meet resistance because they challenge traditional sociocultural norms and values. UNFPA has invested in community awareness and education programmes to reach diverse

stakeholders such as religious leaders, the police and the military, and has contributed to breaking the silence on issues such as sexual violence. There is a reported increase in the number of countries that have put in place national policies to address harmful practices, and enacted laws to discourage early marriage and criminalize various forms of sexual violence. Sixty per cent of UNFPA country offices provided support for the development of national policies, as reflected in the chart below. The challenge now lies in implementation.

Main areas of support provided by country offices to the development of national policies	
Advocacy for policy	89%
Capacity-building for NGOs/civil society groups	82%
Monitoring of policy environment	67%
Establishment of functioning partnerships and networks	55%

40. Regional networks to raise awareness of the prevalence of harmful practices and their negative impact on reproductive health outcomes include a South-East Asia network on trafficking, and the Asian Forum of Parliamentarians on Population and Development which moved to include the elimination of violence against women as part of its human rights and gender equality agenda. In Latin America, a UNFPA-funded symposium on gender violence, health and rights brought together more than 200 representatives from Governments and NGOs, resulting in a call to action that took the issues to the top of political agendas.

MYFF Goal 2

There is a balance between population dynamics and social and economic development

41. Within the context of poverty reduction, achieving a balance between population dynamics and social and economic development is challenging, given their complex relationships. The impact of population dynamics on development depends on many factors, including the environment, natural resources, the focus of social and economic policies, and progress made towards gender equality. Linkages between population growth and economic development also depend on how far a country has advanced in the demographic transition from high to low fertility.

42. In all parts of the world, poor people face greater problems in achieving their desired fertility and meeting other reproductive health needs. Poverty leads to continuing high fertility that impedes economic growth and prevents escape from poverty. It perpetuates gender inequalities that deprive women of education and economic opportunities, and limits access to reproductive health information and services.

43. Health outcomes, such as life expectancy and infant mortality rates, are heavily influenced by risk factors pertaining to economic development, including gender inequalities. In sub-Saharan Africa, a substantial number of countries are now experiencing an absolute decrease in life expectancy, a reflection of the devastating toll of HIV/AIDS. The epidemic has imposed new patterns in this region, decimating the working-age population, reversing gains in life expectancy and reducing population growth through increased mortality.

44. UNFPA has worked to develop a conceptual framework on the linkages between poverty reduction, reproductive health and rights, population, gender equality, and development. The Fund supports Governments in building national capacity to better understand these linkages and to utilize sex-

disaggregated data and analysis for: (a) poverty assessments to define unmet demand; (b) updating population and development trends and their impact on poverty; (c) building an evidence base for national and local policy dialogue and advocacy; and (d) informing the design, monitoring and evaluation of policies and plans to alleviate poverty. An important role for UNFPA is to persuade policy makers that investments in girls' and women's empowerment and reproductive health are crucial for development and poverty reduction.

UNFPA outputs toward achieving MYFF Goal 2

45. Over the MYFF period, approximately 20 per cent of core resources were allocated to achieving the goal of balancing population dynamics and social and economic development.

Output 4

National development plan and sectoral plans in line with the ICPD Programme of Action			
Indicator	Number of countries[1]		
	2000	2002	2002 – being developed
Intersectoral mechanism to review national and sectoral plans[2]	21	65	11
Government officials attending learning programmes on gender issues	14	38	N/A

[1] Total number of countries with a country programme during the MYFF period is 90
[2] Increases reflect improved reporting as well as real increase

46. Countries report considerable progress towards the integration of the ICPD agenda into national development plans and sectoral plans, building on UNFPA support for the generation and use of population information, national capacity development, and strengthened intersectoral partnerships. There has been a three-fold increase in countries reporting the existence of an intersectoral mechanism to review development and sectoral plans. Most countries have more than one mechanism ranging from regional population councils and inter-ministerial workshops, to cabinet committees on basic social services. The majority of mechanisms operate at the national level, although decentralization has resulted in local and regional mechanisms. Approximately three quarters of the Fund's support was devoted to three areas: building NGO capacity in advocacy, media skills and networking; fostering intra-governmental coordination and cooperation; and establishing functional networks and partnerships.

47. The Fund's growing participation in development frameworks, such as PRSPs and SWAps has led to a significant increase in reporting on intersectoral planning mechanisms. In 32 countries where a PRSP or interim-PRSP has been completed, the Fund's main contribution has been to support the inclusion of gender-sensitive population-based indicators and national statistical capacity development. In 21 countries where a SWAp is under way, or at an early stage, more than 80 per cent of country offices report participation in the preparatory process. The main contributions are support to indicator development, strengthening statistical capacity, and advocacy. UNFPA took the lead role in several inter-agency committees to guide the selection of gender-sensitive indicators, and to establish comprehensive databases and monitoring plans. The Fund has consistently advocated for greater NGO participation in these frameworks, and has supported interventions to enhance dialogue between Government and civil society, to strengthen participation in all development partnerships. The challenge lies in ensuring that the ICPD agenda is integrated into PRSPs and SWAps. A UNFPA 2003 review of 25 country MDG reports found that while the reports vary considerably in the manner, detail and depth in which they cover

reproductive health, programme countries have opted to include the reproductive health goal in 14 of the 25 MDG reports. Ten of the MDG reports had reproductive health as a chapter goal, and an additional four had good textual coverage of reproductive health issues. About half of the reports made limited reference to population and poverty issues. Progress still needs to be made in ensuring consistent and adequate attention to reproductive health, gender and population issues.

48. The indicator on the number of government officials who have attended learning programmes addressing gender issues has proved unsatisfactory because reported activities cover a range of programmes that are not comparable. Also, while there is a logical link between increased capacity and improved performance, this is essentially an activity level rather than an output indicator.

Output 5

Increased availability of sex-disaggregated, population-related data			
Output indicator	Number of countries[1]		
	2000	2002	2002 – being developed
National database of sex-disaggregated population-related data, with plans for update [2]	14	50	31
[1] Total number of countries with a country programme during the MYFF period is 90.			
[2] Increases reflect improved reporting as well as real increase.			

49. The availability of sex-disaggregated data is a key requirement for translating the principle of gender equality into action. The Fund played a leading role in supporting the establishment of national sex-disaggregated databases for integrating gender dimensions into policy formulation, implementation and decision-making. Between 2000 and 2002, countries report a three-fold increase in the number of national databases, with almost 80 per cent updated regularly and almost two thirds accessible to NGOs. These findings should be interpreted with caution as the nature of the databases varies between countries, with some centralized and computerized and others simply a collection of data sets such as the census and the Demographic and Health Survey (DHS). Greater data availability also needs to be linked to more strategic targeting of resources, as well as to the monitoring and evaluation of policies, strategies and programmes.

50. The main reported source for databases is the census (84 per cent), with the next most cited sources being household and population surveys and DHS. UNFPA played a proactive role in advocating for improved data systems and in coordinating national and international partnerships to address critical data barriers. The Fund has made a significant contribution to census taking worldwide, especially in sub-Saharan Africa. UNFPA has also provided direct support for preparations of the census that will be undertaken in Afghanistan. Since 2000, UNFPA has strengthened research partnerships with civil society, and has provided support for qualitative and behavioural research to address information gaps in critical areas, such as gender-based violence. These efforts included a regional African Social Research Programme to incorporate sociocultural dimensions into population inquiries. Despite progress in all regions, persistent gaps in the availability and timeliness of reliable data, including data for monitoring the MDGs, create obstacles for policy makers and planners.

MYFF Goal 3

Gender equality and empowerment of women are achieved.

51. The ICPD Programme of Action identified women's empowerment and gender equality as goals in themselves and key elements in development and poverty eradication. Gender discrimination restricts women's capabilities and hampers access to education, health care, and economic resources and assets. It limits their ability to make empowered choices and decisions. Recently, global attention to gender issues has increased because of their inclusion as one of the MDGs. Like the MYFF, the MDGs measure progress through the gender gap in education, literacy, and political participation. The United Nations Girls' Education Initiative (UNGEI), of which UNFPA is the co-chair, also puts girls' and women's literacy and education high on national and international agendas. Although progress has been made, two thirds of the 861 million non-literate adults are women, and 60 per cent of the 113 million children who do not have access to primary school are girls. In most countries women hold less than 20 per cent of seats in national parliaments.

52. Profound social and structural changes are necessary to provide the conditions for women's empowerment and gender equality, beginning with the creation of an enabling environment (discussed above under MYFF Goal 1) that promotes – and enforces – gender equality in laws, policies, practices and value systems. The Fund is working with partners at the national level to develop effective and culturally sensitive rights-based approaches to empower women and girls -- especially those who are poor, displaced, members of minorities or other disadvantaged groups -- to articulate demands for equal access to information and high quality services. A 2002 review found that the 57 country offices surveyed recognized this to be a priority, and reported that staff needed new skills and guidance to promote human rights in different cultural and religious contexts.

Output 6

Increased information on gender issues		
Indicators	Number of countries[1]	
	2000	2002
Primary schools that have adopted gender-sensitive reproductive health curricula	10	20
Secondary schools that have adopted gender-sensitive reproductive health curricula	12	27
Information materials on gender issues specifically targeted to men	5	27
[1] Total number of countries with a country programme during the MYFF period is 90.		

53. The MYFF output of increased information on gender issues captures one approach to addressing gender discrimination: reinforcing behavioural norms and values that promote gender equality and women's empowerment. Two indicators that focus on reaching in-school adolescents and men are used.

54. UNFPA has a long history of supporting population, family life and sex education programmes in schools, and country reports show that increasingly these programmes are addressing gender equality and reproductive health and rights. Reported data show some quantitative progress in adoption of gender-sensitive reproductive health curricula in primary and secondary education. Several countries report that efforts have been scaled up to the national level. For example, in Cuba, Guatemala and Mongolia the Government has approved the inclusion of reproductive health education in school curricula; and in

Colombia, the Government has made sexuality education obligatory in primary and secondary schools. However, there has been underreporting over the MYFF period as many countries are supporting curricula development, but these have yet to be adopted.

55. The Fund has also extended its support to adolescents and youth outside school. In 2002, more than 80 per cent of country programmes supported in-school or out-of-school peer education and counselling. Twenty-three UNFPA-supported country programmes had undertaken new initiatives and pilot projects to strengthen national capacity. UNFPA has helped improve the environment for gender-sensitive adolescent and youth education by investing in sociocultural research for BCC materials development; sensitizing parents, teachers and community leaders; supporting the design of national adolescent reproductive health policies; and addressing barriers to girl's completion of schooling.

56. The number of countries reporting on the second indicator, the number of information materials on gender issues targeted specifically to men, did increase over the MYFF period, but these data should be interpreted cautiously as the indicator is difficult to measure and has been variously construed. Additional information gathered in 2002 found that more than half of the countries supported the production of gender information materials, but for a wide range of audiences that included, but were not exclusively aimed at, men. A 2002 review of the Fund's work with religious and cultural leaders (mostly males) and institutions provided positive evidence of advances in creating a common space in which to work for gender equality. Over the MYFF period, programmes moved out from traditional clinics to reach men in their own settings, such as in police and military locations; in conflict and post-conflict situations in the Democratic Republic of the Congo, Eritrea, Ethiopia and Sierra Leone; and in informal settings such as barbershops. Efforts were made more effective by a programming guide on partnering with men, built on lessons learned; and through increased investment in research to better understand masculinity and the dynamics of gender relations.

57. Another area where UNFPA has had a positive impact on information on gender issues is captured in the Goal 2 output of increased availability of sex-disaggregated data. These data, combined with the development of an operational tool, have increased in-country capacity to monitor the implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the ICPD Programme of Action. In many countries UNFPA supported the preparation of the national CEDAW progress report. Fifty-seven countries where the Fund works have signed the Optional Protocol of CEDAW which gives individuals and groups of women the right to complain about violations and enables a committee to conduct enquiries into abuse. While this is a powerful tool for holding Governments accountable for progress towards gender equality, there is need for further implementation.

58. UNFPA values working in partnership with United Nations agencies that share the same goal of gender equality and women's empowerment, and the Fund frequently leads the United Nations country-level gender theme group. UNFPA has worked with UNICEF and WHO on the promotion of life skills and healthy life styles programmes and on girl's education; and collaborated with UNICEF, UNDP and UNIFEM in developing guidelines for integrating gender into CCAs, UNDAFs and PRSPs in 12 countries.

Strategies

59. UNFPA pursues its goals and outputs through four principal strategies: (a) advocacy; (b) strengthening national capacity; (c) building and using a knowledge base; and (d) promoting,

strengthening and coordinating partnerships. This section of the report presents the principal lessons learned in the implementation of these strategies over the MYFF period.

60. Advocacy. Advocacy has been a priority for UNFPA since its inception. UNFPA undertook an in-depth review of its advocacy work at the national level, reporting its findings to the Executive Board in the annual report of the Executive Director for 2000 (DP/FPA/2001/4, Part I). Overall, the Fund's advocacy interventions have been directed at creating a favourable policy environment to accelerate the achievement of ICPD goals.

61. Advocacy is a strategy that requires continuous monitoring of the external environment at all levels of the Fund. With the tenth anniversary of ICPD approaching, efforts to undermine the work of UNFPA and progress towards implementing the ICPD Programme of Action have intensified in some quarters. At the same time, the Fund has increased efforts to foster broad-based understanding and support for the ICPD Programme of Action and its own operations. Successes include increased media coverage of population issues, and the commitment from more than 100 parliamentarians in Ottawa, Canada, to move the ICPD agenda forward at the International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action. Similar strong and unwavering support for the ICPD agenda was evident in Bangkok, Thailand, at the Fifth Asian and Pacific Population Conference, and at the recently concluded thirty-sixth session of the Commission on Population and Development.

62. The quality and outcome of advocacy interventions significantly improves with evidence-based strategies, creating better prospects for informed debate, and policy and legislative reform. Many countries have supported sociocultural research to inform advocacy campaigns, including for the design of culturally appropriate messages. For example, the Fund's support to discourage FGC resulted in the development of related policies and enactment of laws in 14 countries during the MYFF period.

63. UNFPA operationalized advocacy as a core programme area in 1995, and as a key MYFF strategy in 2000. This resulted in a conceptual shift in the design of country programmes. With an increasing number of countries integrating advocacy into reproductive health and population and development programmes, advocacy interventions are better aligned towards ICPD and MYFF goals and outputs. Increasingly, interventions address programmatic gaps in such areas as the special needs of adolescents and youth; the prevention of HIV/AIDS; and the utilization of data.

64. Although many countries invested in developing an advocacy strategy, inadequate stakeholder involvement and weak national coordination mechanisms reduced the effectiveness of such strategies. In several countries, high level officials and dignitaries were mobilized to create visibility around an issue but there was a lack of systematic follow-up. Experience indicates that community empowerment, NGO capacity-building, networking, and strategic partnerships result in broad-based coalitions of support and commitment to ICPD principles.

65. Strengthening national capacity. Strengthening national capacity remains a major thrust of UNFPA programming efforts to integrate reproductive health, population and gender into policymaking and development. In June 2002, the Executive Director's annual report (DP/FPA/2002/4, Part I) to the Executive Board highlighted UNFPA activities in building national capacity.

66. In 2002, the Fund conducted a thematic evaluation of capacity development interventions undertaken in six countries -- Brazil, Côte d'Ivoire, Egypt, Nepal, Nigeria and Viet Nam – during 1992-2001. The purpose was to analyse the effectiveness of UNFPA assistance in this area, draw lessons and

feed them into policies and programmes. The evaluation reviewed the effectiveness of the Fund's investment from six perspectives: (a) creating a common vision and objectives in population, gender and development and reproductive health; (b) developing human resources; (c) developing organizational systems; (d) iterative planning, monitoring and evaluation of programme interventions; (e) establishing coordination partnerships; and (f) mobilizing resources for sustainability.

67. The evaluation found that the Fund had invested in different types and levels of training for national counterparts, including at SDPs; improving technical and organizational processes and functions; creating an enabling environment, through the design of national policies, advocacy and awareness-raising. Due to a lack of follow-up, programmes were unable to measure the impact of the UNFPA-supported capacity-building activities. With the exception of two projects in Brazil and Egypt, planning, monitoring and evaluation were generally limited. The evaluation underscored the need for a comprehensive and integrated approach to capacity development and the need for national counterparts to focus attention on resource mobilization for programme sustainability.

68. In recommending that UNFPA adopt a comprehensive and integrated approach to capacity development, the evaluation underlined that the Fund should track its capacity development interventions in order to better monitor results. UNFPA has few tools or frameworks to assist staff with capacity analysis. Therefore, the Fund needs to systematically organize and make available to all staff experiences and knowledge on capacity development; and to strengthen its internal expertise in this area.

69. Building and using a knowledge base. UNFPA has long invested in strengthening national capacity to generate and analyse information, but has found that the predominantly demographic data have not always been used effectively for national and local planning, monitoring and evaluation. Thus, there needs to be greater emphasis on building a knowledge base for more effective programming and resource utilization, using lessons learned through data collection and analysis.

70. Recognizing the need to systematically capture the learning from years of experience, UNFPA staff pioneered a comprehensive knowledge sharing strategy during the MYFF period. Knowledge networks and assets were piloted around key programming areas, including adolescent reproductive health, obstetric fistula, and quality of care. UNFPA has established a Knowledge Sharing Branch that is strengthening staff capacity, tools and procedures for knowledge sharing.

71. Increasingly, at country and regional levels, attention has been paid to the use of data in monitoring progress towards ICPD goals and ICPD+5 Key Actions. A pan-Arab project on family health strengthened national capacity to generate demographic, gender and reproductive health information and provided baseline planning data for a common set of indicators for programmes in five countries. This project will be used as a model in another 12 countries, to provide a regional database to monitor ICPD implementation. In Latin America, a UNFPA-supported regional programme developed an indicator system to support the Economic Commission for Latin American and the Caribbean (ECLAC) in its regional ICPD monitoring role. A wealth of policy-oriented research on emerging population and poverty issues was produced and has been integrated into national PRSPs, including, for example, in Nicaragua. UNFPA has learned that civil society organizations play a critical role in monitoring progress towards ICPD goals, but have difficulty in accessing official data. With UNFPA support, the Latin America and Caribbean Women's Health Network built a monitoring system for ICPD follow-up in eight countries. This key tool for NGOs throughout the region will be available on-line. At the same time, it is important that Governments build their own evidence and databases to monitor progress towards MDGs and ICPD goals.

72. Promoting, strengthening and coordinating partnerships. The most important lesson learned in the MYFF period is that it is not possible to achieve global or national development goals without establishing strong, coherent and sustained partnerships. The MDGs provide an overarching framework and long-term perspective for partnership efforts. At the global level, UNFPA has chosen to focus on strengthening strategic operational partnerships with the World Bank and WHO (see also DP/FPA/2003/4, Part I).

73. At the country level, UNFPA has learned that it must move away from isolated project support to play a more proactive role in partnership frameworks, defining common goals and outcomes, feeding in innovations, evidence and lessons learned from its global and other experiences, and encouraging the allocation of resources for implementing the ICPD agenda. UNFPA has been strengthening working partnerships with civil society organizations, youth and women's groups, cultural and religious institutions and leaders in all countries, to better implement the ICPD agenda within specific cultural contexts, and to support their participation in national and local policy and planning.

74. The deterioration in the health system in many priority countries jeopardizes access to reproductive health services, and this has led to greater UNFPA involvement in sector reforms and SWAps. UNFPA partnerships in SWAps (see also DP/FPA/2003/4, Part III) have provided opportunities to highlight reproductive health and gender issues in national planning. Decentralization presents special challenges as it requires engaging with new partners who may not consider reproductive health to be a priority or who might lack the capacity to design and implement reproductive health programmes. While overall there is still a lot of progress to be made, UNFPA has invested in partnerships to establish local data systems, feed this evidence base into national policymaking, facilitate the participation of poor communities in planning and monitoring of services, and strengthen dialogue with religious and community leaders.

75. PRSPs provide excellent opportunities for UNFPA to expand partnerships beyond health ministries, to show that gender, reproductive health and population are multisectoral concerns with close linkages to poverty reduction. Some countries, including Bangladesh, Ethiopia, Nepal and Yemen, have already seized these opportunities, while others have experienced problems resulting from political instability, lack of implementation funds, and insufficient community participation. A 2003 survey of countries that have completed a full PRSP shows that while most UNFPA country offices had participated in the process, they believe that they could be more effective by strengthening the technical capacity and expertise of staff; becoming engaged in the process from the beginning; and building stronger partnerships with the Bretton Woods institutions. Towards that end, UNFPA has collaborated with the World Bank Institute to organize annual staff learning programmes on reproductive health and health sector reform. The Fund also needs to work to establish a strong evidence base including economic arguments to persuade financial institutions that promoting gender equality and reproductive health are solid investments, with the development of young people being the most strategic. Currently, most PRSPs do not adequately address these issues or allocate sufficient resources to address them.

76. To increase the effectiveness of United Nations assistance at the country level, UNFPA has joined with United Nations Development Group (UNDG) members to simplify and harmonize programming processes and modalities. In addition to simplification and harmonization of programme and financial procedures, UNFPA has contributed to other areas where it has a comparative advantage: HIV/AIDS, reproductive health, gender, and data collection and analysis. In all regions, especially Asia

and Africa, UNFPA has actively engaged in the MDG reporting process, recognizing this critical opportunity to highlight access to reproductive health as being fundamental to achieving the MDGs.

IV. MANAGING FOR RESULTS

77. Since the approval of the MYFF, UNFPA has made a major investment in strengthening results-based management (RBM), recognizing that improving organizational effectiveness is crucial to achieving development results. The Fund has made substantial progress, while realizing that this is a long-term and incremental process of cultural change, and that it will require further time and effort to orient and coordinate all systems towards results. UNFPA has benefited from ongoing support from Member States, and from a regular dialogue with other United Nations agencies going through the same process, including UNDP, UNICEF and UNIFEM.

78. In 2000, the Fund issued a policy on RBM that outlined guiding principles to ensure that human and financial resources were strategically employed by the Fund to achieve the greatest impact through programme and management effectiveness, efficiency and accountability. The earlier MYFF reports (DP/FPA/2001/4, Part II and DP/FPA/2002/4, Part II) outline the progress made in implementing this policy in the first two years and identify the areas for potential improvement.

79. The staff-led transition exercise put RBM centre stage and formulated new results-oriented approaches to strategic direction, knowledge sharing, learning and training, human resources, financial management, organizational realignment and image. These are now being mainstreamed into the Fund's processes and systems, with clear allocation of institutional responsibility and senior management accountability. In order to strengthen a common vision with regard to the reforms identified and developed by UNFPA staff during the transition exercise, workshops will be held for all staff to ensure their understanding of and commitment to the changes introduced, and to clarify their important role as the main actors for change.

80. Programme management. The MYFF period has seen an intensive effort to operationalize and improve the quality of the logical framework (logframe), the principal programme planning and monitoring tool at country level. Programme management workshops in all regions, an RBM orientation guide and training of Country Technical Services Team (CST) specialists and national partners, the development of a monitoring and evaluation toolkit, and updated programming guidelines have all increased staff and counterparts' capacity in results-oriented programme management. UNFPA puts a high priority on enhancing national ownership. Since 2000, the participation of national partners has steadily increased in logframe development, problem and stakeholder analyses, monitoring and evaluation. The intensity of the collaboration varies depending on the type of activity and the stage of the programme cycle. While data quality, availability, and periodicity remain problematic – with several countries unable to report change over an annual period – there is a much greater investment in establishing baselines and monitoring plans. The number of country offices that established baselines for more than half their programme indicators increased from 28 in 2000 to 48 in 2002.

81. Organizational and human resources performance management. The single most important initiative in this area was the development and implementation of a comprehensive human resources strategy, designed to have the right people in the right place at the right time. The strategy, detailed in a report to the Executive Board (DP/FPA/2002/11), aims to create an organization that is more open, accountable and effective in reaching ICPD goals. The cornerstone of the strategy is an organizational competency framework that integrates all human resources systems, including performance management

and promotion, staff development and learning, recruitment and rotation, and human resource planning. The Fund has completed the realignment of headquarters, the establishment of a new results-oriented Technical Advisory Programme, and a new typology for country offices, all designed to strengthen UNFPA performance.

82. Since 2000, the Fund has worked to increase accountability for achieving results through the management of staff performance, the implementation of results-oriented office management plans and the issuance by the Executive Director of annual organizational priorities. In 2002, 92 per cent of country offices reported that their office management plans took account of the organizational priorities. Individual performance plans are based on the responsibilities assigned to individual staff members in the organizational management plans, monitored throughout the year and assessed through the annual Performance Appraisal Review.

83. Information management. The Fund has given high priority to improving electronic connectivity and there has been a rapid growth in the organization's intranet, the bulletin board system, and the establishment of web sites. Seventy-seven per cent of country offices have a web page or are in the process of developing one. The transition's extensive use of the electronic bulletin board system for staff consultations increased staff familiarity and confidence in using the system, but revealed the need to strengthen the culture of electronic communication. UNFPA is the first United Nations agency to establish a topical web site within the Development Gateway system. The Fund has launched a population and reproductive health portal that provides a community-built database of information and disseminates lessons learned. By December 2002, the portal had 20 partner organizations, and almost 1,400 members, 61 per cent from developing countries.

84. Financial management. In partnership with UNDP and UNOPS, UNFPA has embarked on a major exercise to develop an Enterprise Resource Planning (ERP) system. This integrated system will strengthen and simplify the management and coordination of financial, programme and human resources, and increase accountability, efficiency and transparency in business processes. The ERP system has the functionalities to link resources to results, and will support the monitoring of the 2004-2007 MYFF. UNFPA is focusing on training staff in the new system and ensuring connectivity in all country offices so that the first wave of the ERP system can become operational in January 2004. As of 1 January 2004, all modules necessary for improved procurement and human resource management, as well as recording, controlling and reporting on income and expenditure will be implemented.

V. IMPLEMENTING THE INTEGRATED RESOURCES FRAMEWORK

85. The ICPD Programme of Action estimated that globally $17 billion would be required in 2000 and $18.5 billion in 2005 to implement the costed components of programmes in reproductive health, including family planning, maternal health and the prevention of STIs, as well as basic collection and analyses of population data. It was recognized that additional resources would be needed to strengthen health systems, emergency obstetric care and HIV/AIDS. The costed package alone required the mobilization of $5.7 billion in international assistance for the year 2000, and $6.1 billion in 2005. The ICPD+5 review renewed the call for urgent action to mobilize those levels of resources recognizing that while ODA increased overall from 1997 to 1999, the percentage devoted to population assistance decreased from 3.2 per cent in 1997 to 2.5 percent in 1999. Countries responded by increasing the share of population assistance to more than 2.9 per cent of ODA in 2000. This trend in population assistance is far short of the ICPD target for 2000. In 2001, the share of population assistance was estimated at $2.36 billion or 2.8 per cent of ODA. The global community needs to urgently step up international assistance

for population and reproductive health. Finding new sources and sustainable modalities for meeting the goals of the ICPD must remain high on the international agenda.

86. The 2000-2003 MYFF, presented to the Executive Board in April 2000, included a resource framework for two levels of funding. For the period 2000-2003, the first scenario estimated the total resource requirement at $1.4 billion and the second scenario estimated it at $1.6 billion. In decision 2000/9, the Executive Board noted the MYFF funding scenarios as targets for UNFPA resource mobilization efforts and encouraged all countries to assist the Fund in reaching the level of $1.4 billion for regular and other resources for the period 2000-2003. This section of the report presents the status of resources mobilized for the MYFF period and analyses resource distribution towards achieving MYFF goals.

Resource mobilization

87. The MYFF was developed to better position UNFPA to attract predictable and stable funding, particularly regular resources, over the period 2000-2003. Table 1 below presents the levels of actual and projected UNFPA resources for the MYFF period.

Table 1 - Actual and projected income, 2000-2003

Source of income	2000 Actual	2001 Actual	2002 Provisional	2003 Projected	2000-2003 Actual/Projected	2000-2003 MYFF Target
	$millions	$millions	$millions	$millions	$millions	$millions
Regular resources	264	269	260	281	1,074	1,294
Other resources	108	128	113	80	429	140
Total resources	372	397	373	361	1,503	1,434

Notes: Figures may not add up to totals given due to rounding.
Figures are actual for 2000 and 2001, provisional for 2002, and projected for 2003.

88. The Fund projects the income from all resources for the 2000-2003 period (see table 1) to reach $1,503 million, or slightly above the planned level of $1,434 million targeted in the MYFF. An analysis of the yearly total income trends over the period 2000-2003 points to unpredictable and unstable levels of funding, with a peak level in 2001 due to large contributions from the Governments of Canada, the Netherlands and the United Kingdom for reproductive health commodities.

89. The Fund invested the significant donor contribution to other resources – almost three times the level targeted in the MYFF – in specific programme areas, mainly reproductive health commodities, maternal mortality reduction and HIV/AIDS prevention. While these contributions provide welcome funds for priority areas, they do not constitute the predictable and stable regular resource base that UNFPA needs for strategic planning and uninterrupted programme delivery.

90. The success in achieving the MYFF target level of resources conceals the relatively flat level of regular resources that constitute the mainstay of the Fund's country programme resources. UNFPA projects the level of regular resources to reach a total of $1,074 million over the period 2000-2003 (see table 1) compared to a targeted level of $1,294 million, a shortfall of $220 million. In 2002, UNFPA faced the special challenge of significant shortfall in its regular resources due to the lack of a major donor's contribution, and decreased contributions by two other countries. This was only partly offset by

increased contributions from 12 countries; favourable exchange rates; and the 34 Million Friends Campaign. It is estimated that the withheld $34 million in regular resources would have been sufficient to prevent 2 million unwanted pregnancies and nearly 800,000 induced abortions; avert 4,700 maternal deaths and more than 77,000 infant and child deaths; and reduce maternal morbidity by nearly 60,000 cases. The impact of a deficit of $220 million in regular resources over the MYFF period is therefore profound. The regular resource situation of the Fund remains critical, and sustained efforts are needed to increase funding.

91. UNFPA has steadily expanded its donor base from 102 countries in 2000 to 135 in 2002, plus the Mars Trust. The increase of multi-year pledges by donor countries, from 16 in 2000 to 30 in 2002, is also encouraging. Recently, an increasing number of programme countries have made multi-year pledges, a clear indication of the commitment of these countries to ensuring sustainable and predictable regular resources for the Fund and its mission. Increasing and stabilizing regular resource levels will enable UNFPA to offer increased support to programme countries in achieving ICPD goals.

Resource distribution

92. In decision 2000/19, the Executive Board requested UNFPA to distribute programme funds to countries according to a country classification system based on a country's level of achievement in reaching the ICPD goals, measured through eight indicators that are consistent with the MYFF results framework. The indicators are: births with skilled attendants; contraceptive prevalence rate; proportion of population aged 15-24 living with HIV/AIDS; adolescent fertility rate; infant mortality rate; maternal mortality ratio; adult female literacy rate; and secondary net enrolment ratio. Table 2 presents the status of implementation of country resources during the MYFF period, by country category stemming from the classification system.

Table 2 – Status of implementation of country resources by country category
Regular resources

Country category[1]	Percentage shares as per decision 2000/19	Percentage share of actual/planned expenditures[2]			
		2000	2000-2001	2000-2002	2000-2003
A	67-69	63	65	65	66
B	19-21	22	20	20	20
C	7-9	9	9	9	9
T	3-4	4	5	4	4
O	1.5	2	2	1	1
Total		100	100	100	100

Note: Figures may not add up to totals due to rounding.
[1]Countries were classified in accordance with the resource allocation system (contained in DP/FPA/2000/14) approved by the Executive Board in decision 2000/19.
[2]Based on actual expenditures for 2000 and 2001, provisional for 2002 and projected for 2003

93. An analysis of the trend in country resources distribution shows that during the period 2000-2003, UNFPA successfully shifted towards the distribution of its regular resources to countries in accordance with the target shares approved by the Executive Board. The share of resources distributed across the regions has changed little during the period 2000-2003. It should be emphasized that any shortfall in

regular resources has a proportionate effect on the poorest countries and regions thereby slowing the progress towards the ICPD goals in those countries.

VI. STRATEGIC CONSIDERATIONS FOR THE NEXT MYFF CYCLE

94. The 2000-2003 MYFF results framework was ambitious in setting organizational results at the output level. Monitoring the framework revealed a severe lack of data and provided an impetus for setting baselines, prioritizing and building capacity for data collection, analysis and use and establishing a monitoring culture. Given diverse programming environments, the framework could not capture all the outputs of country programmes, and it was not possible to systematically demonstrate the linkages between all outputs and higher-level results. Consequently, only the most strategic outputs were captured.

95. The MYFF is a dynamic tool that must be responsive to changes in the external and internal environment. The Fund's new strategic direction, built on an extensive stakeholder analysis, provides a solid basis for identifying strategic priorities and considerations for the next cycle of the MYFF. These include the following:

(a) The focus on development partnerships has led to a greater emphasis on shared goals and outcomes. This will be reflected in the next cycle of the MYFF, which will propose goals and a menu of outcomes to which the outputs of all programmes will contribute. The installation of the ERP system will simplify programme monitoring and reporting, and provide a link between resources and results;

(b) To accelerate progress towards ICPD goals and the MDGs, UNFPA will focus on further advancing the global and national ICPD agenda, including through SWAps, PRSPs and other development frameworks and MDG reporting. In assuming the leadership role expected by stakeholders, UNFPA will seek to mobilize the support, influence and resources of a wider range of development partners and stakeholders to achieve ICPD goals. The Fund will build its staff's technical knowledge and capacity to engage in broader policy, planning, programming, and costing processes;

(c) UNFPA will link programme support to national policy development and poverty reduction, based on an overarching conceptual framework that links gender, reproductive health and rights, and population to poverty alleviation within the context of MDGs. The Fund will support efforts to build an evidence base; test innovative approaches and strategies; identify lessons learned; and advocate with Government and other development partners to replicate and scale up good practices;

(d) The Fund will reinvigorate its work in population and development, supporting the development of national capacity, tools, sex- and age-disaggregated data for use in national policy-making and programme management, and for monitoring follow-up to global conferences, conventions and the MDGs;

(e) The Fund will strengthen its efforts to promote gender equality and women's empowerment with a focus on addressing structural inequalities and social injustice, and creating an environment that improves women's and girls' capabilities, opportunities, and their ability to make choices to improve their lives. This will include increased efforts to address gender-based violence;

(f) Building on increased United Nations collaboration at country level to develop a more coherent response to the HIV/AIDS pandemic, UNFPA will give special attention to addressing the needs

of adolescents and youth in the face of the HIV/AIDS epidemic, and other challenges that threaten their development;

(g) UNFPA will build on its comparative advantage to increase access to reproductive health information and services, and to reduce maternal morbidity and mortality. The Fund will play a leadership role in efforts to strengthen multisectoral partnerships to increase resources for reproductive health commodity security. At the same time, it will support efforts to increase the demand for and access to reproductive health, with special attention focused on removing barriers to equal access for poor and vulnerable groups;

(h) To have the right people in the right place at the right time, UNFPA will implement results- and competency-based mechanisms for staff recruitment, promotion, rotation, learning and training. The new typology for country offices will help to consolidate the Fund's presence at the country level. To continue to respond appropriately to changes in the environment and to effectively implement the ICPD policy agenda, the Fund will build capacity in strategic thinking and planning throughout the organization, and strengthen results-oriented accountability systems.

96. All the above-mentioned strategic considerations will influence and shape the design of the next MYFF, 2004-2007.

VII. RECOMMENDATION

97. The Executive Board may wish to take note of the present report and provide guidance with regard to the formulation of the next MYFF, 2004-2007.

Annex

MYFF 2000-2003 Results Framework — UNFPA Goals, Outputs, Indicators and Strategies

Goals	Goal Indicators	Outputs	Output Indicators
(1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life	(a) Unmet need for family planning (b) * Maternal mortality ratio (c) * Proportion of births assisted by skilled attendants (d) Adolescent fertility rate[1] (e) * HIV prevalence in persons aged 15-24 [2] (f) * Infant mortality rate (g) National mechanisms to monitor and reduce sexual violence (h) Contraceptive prevalence rate	(i) Increased availability of comprehensive reproductive health services	(a) Percentage of service delivery points (SDPs) offering at least three of the following reproductive health services: – Modern family planning methods; – Maternal health, assisted delivery, and essential and emergency obstetric care; – Prevention and management of RTIs, including STIs, and prevention of HIV/AIDS; – Management of the consequences and complications of unsafe abortion; – Information, education and counselling on human sexuality and reproductive health, including family planning (b) Percentage of SDPs offering information, education, counselling and services to adolescents[3]
		(ii) Improved quality of reproductive health services	(a) Percentage of SDPs offering at least three modern methods of contraception (b) Percentage of SDPs providing quality RH services in accordance with established protocols[4]
		(iii) Improved environment for addressing practices that are harmful to women's health	(a) National policy in place to address harmful practices
(2) There is a balance between population dynamics and social and economic development	(a) Life expectancy at birth by sex (b) Annual population growth and GNP per capita growth rates (c) * Proportion of population whose income is less than $1 a day	(iv) National development plan and sectoral plans in line with ICPD Programme of Action	(a) Intersectoral mechanisms to review development and sectoral plans (b) Number of government officials who have attended learning programmes addressing gender issues
		(v) Increased availability of sex-disaggregated population-related data	(a) National database of sex-disaggregated population-related data, with plans to update at regular intervals
(3) Gender equality and empowerment of women are achieved	* Gender gap in net enrolment rates at the primary and secondary level [5] * Adult female literacy rate[6] * Proportion of women parliamentarians	(vi) Increased information on gender issues	(a) Percentage of primary and secondary schools that have adopted gender-sensitive RH curricula (b) Number of information materials on gender issues targeted specifically to men
Strategies Advocacy - Strengthening National Capacity - Building and Using a Knowledge Base - Promoting, Strengthening and Coordinating Partnerships			

* Indicates correspondence to Millennium Development Goal indicator

[1] Older adolescents aged15-19
[2] This corresponds to the MDG indicator: 'HIV prevalence among 15-24 year old pregnant women'
[3] Older adolescents aged15-19
[4] Protocols include minimum standards developed in partnership with WHO
[5] This corresponds to the MDG indicator: 'Ratios of girls to boys in primary, secondary and tertiary education'
[6] This corresponds to the MDG indicator: 'Ratio of literate females to males of 15-24 year olds'

United Nations DP/FPA/2003/4 (Part III)

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.: General
28 March 2003

Original: English

Annual session 2003
6-20 June 2003, New York
Item 13 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

REPORT OF THE EXECUTIVE DIRECTOR FOR 2002: REPORTS REQUESTED BY THE EXECUTIVE BOARD

CONTENTS

Page

Introduction 2

I. REPRODUCTIVE HEALTH COMMODITY SECURITY 2

II. HUMANITARIAN ASSISTANCE 6

III. SECTOR-WIDE APPROACHES 11

03-30080

Introduction

1. This section of the annual report focuses on subjects specifically requested by the Executive Board: reproductive health commodity security (RHCS); humanitarian assistance; and sector-wide approaches (SWAps).

I. REPRODUCTIVE HEALTH COMMODITY SECURITY

2. The attainment of the Millennium Development Goals (MDGs) for improving maternal health and reducing HIV/AIDS will depend in large measure on the availability of reproductive health services, including commodities. The Programme of Action of the International Conference on Population and Development (ICPD) underscored the importance of universal access to reproductive health care by the year 2015. UNFPA has developed the RHCS strategy as one of the key building blocks to achieve ICPD goals and thus contribute to the attainment of the MDGs.

3. During 2002, UNFPA implemented a multifaceted work plan to support the roll out of the Fund's RHCS strategy, which is designed to ensure a secure supply and choice of quality contraceptives and other reproductive health commodities to meet the needs of people at the right time and in the right place. Information from programme countries indicates that there are critical shortfalls of essential reproductive health commodities, including shortfalls in condoms needed for the prevention of sexually transmitted infections (STIs), including HIV/AIDS.

4. In implementing the RHCS strategy the Fund's Commodity Management Unit works closely with other UNFPA divisions, country offices and the Country Technical Services Teams (CSTs). Specifically, in 2002, the Fund's work focused on the integration of RHCS into national health programmes. Recognizing the pivotal importance of partnerships in promoting RHCS, UNFPA cooperated closely with other development partners, including WHO, UNAIDS, the World Bank, the International Planned Parenthood Federation (IPPF), the United States Agency for International Development (USAID), John Snow, Inc. (JSI) and the Program for Appropriate Technology in Health (PATH), in such areas as country capacity development, advocacy and resource mobilization.

5. During 2002, UNFPA supplied over 58 million condoms under the Fund's Global Contraceptive Commodity Programme (GCCP) to a total of 34 countries. As part of the United Nations emergency response system, the Fund supplied a total of 3,534 reproductive health kits, with an approximate value of $1.5 million, to 33 emergency destinations. Established in 1997, the GCCP aims to provide essential buffer stocks of contraceptives and other reproductive health supplies to facilitate prompt response to urgent/emergency requests from developing countries. In 2002, UNFPA expanded GCCP services through its reimbursable procurement initiative for external clients. International organizations, including non-governmental organizations (NGOs) such as Médecins du monde, the International Rescue Committee, the American Refugee Committee and Relief International have utilized the Fund's procurement services to obtain emergency reproductive health kits for their own relief efforts. Since its inception, the GCCP

has worked with suppliers who are willing to hold stocks of reproductive health kits and various contraceptives at their premises, at no cost to UNFPA. This special service has been negotiated by UNFPA as part of the GCCP implementation.

6. With national capacity development as the main focus of efforts in 2002, UNFPA organized several workshops for UNFPA Representatives and national counterparts to orient them on the goals and objectives of the RHCS strategy. The main purpose of the workshops was to lay the foundation for the development of country-specific plans to monitor and evaluate progress in achieving sustainable supplies of quality reproductive health commodities at affordable prices. During 2002, UNFPA also focused attention on addressing other aspects of commodity security, including management support to countries for estimating, financing, procuring and distributing supplies to ensure that men and women have ready access at the peripheral levels. At the global level, UNFPA continues to coordinate with donors to keep RHCS issues in the forefront of the international development agenda and to mobilize resources to fill the gap between country requirements and available donor support. The gaps are being addressed by both mobilizing additional resources and building coherent action plans with development partners to help bring about a common understanding and approach to meeting country needs.

Integrating RHCS into the country programmes

7. Following the success of the 2001 pilot workshop in Mombasa, Kenya, three regional workshops were organized in 2002 – in Abidjan, Côte d'Ivoire; Beijing, China; and Bratislava, Slovak Republic – to orient UNFPA Representatives and selected national counterparts on the RHCS strategy and to begin its roll out at the country level. A total of 197 UNFPA Representatives and national counterparts participated in the three workshops. During 2002, preparations were also undertaken for workshops to be conducted in 2003 in Latin America and the Caribbean region and the Arab States region.

8. The workshops on RHCS provided UNFPA Representatives and government officials with specific guidance on programmatic, technical and substantive issues to assist them in developing and implementing national action plans in the area of RHCS. Issues of RHCS in the context of health sector reform, SWAps, national poverty reduction strategies and other policy dialogues were addressed in the workshops. In addition, UNFPA emphasized the importance of establishing and/or strengthening a national planning and coordination mechanism with key stakeholders for effective partnerships in RHCS. A key recommendation emanating from all three workshops was the need to establish national RHCS working groups with dedicated focal points to coordinate actions to ensure commodity security.

9. In 2002, a questionnaire was sent to all country offices to obtain information on specific country needs in the area of RHCS and to identify ways to improve coordination with partners. The information obtained from 77 programme countries will enable UNFPA and its partners to develop a comprehensive plan to meet requests from countries in a systematic manner. Analysis of the findings indicates that key RHCS problems faced by countries include the following: (a)

weak logistics management systems for commodities leading to inaccurate forecasts of requirements; (b) supply and consumption data are collected but not always analysed and used for decision-making; (c) most countries do not offer basic training on RHCS although reproductive health trainers and training institutions do exist; (d) training on RHCS is financed mostly through donor resources rather than through national budgets; (e) contraceptives are included in the essential drug list in most countries but not in all countries; (f) distribution systems need to be strengthened, including improving transportation, storage and access in conflict areas; (g) the ministry of health remains the main distribution channel in most countries and involvement of the private sector and social marketing is inadequate; (h) in-country quality assurance does not exist in some countries; (i) coordination mechanisms either do not exist or need to be strengthened; and (j) in countries with conflicts, estimates of reproductive health commodity requirements are difficult to obtain and the lack of financial, human and logistical resources hampers the implementation of the RHCS strategy.

10. To address the needs reported by countries, UNFPA has increased its capacity to respond utilizing a multifaceted approach that includes the provision of direct technical assistance in the areas of assessment, advocacy, resource mobilization, coordination and monitoring. The Fund has also sought to increase the pool of international and national expertise in the area of RHCS, including through the conduct of an orientation workshop for prospective international consultants. The orientation on the RHCS strategy and the Fund's working procedures will enable UNFPA to draw upon an expanded pool of experts to respond to the many country requests for technical assistance, including those arising from the regional workshops. For example, in 2002, the following countries benefited from direct technical assistance provided by UNFPA: Botswana, Brazil, Ethiopia, Myanmar, Swaziland and Yemen.

Resource mobilization and disbursement of funds for reproductive health commodities

11. UNFPA had some success in advocating for additional funds to meet the widening supply gap in reproductive health commodities in developing countries. The Government of the Netherlands provided an extrabudgetary contribution of approximately $15.7 million to help meet the shortfalls in 2002. In 2002, UNFPA also received $188,000 from the Government of Canada for the provision of reproductive health commodities. Earlier, in 2001, the Governments of Canada, the Netherlands and the United Kingdom had provided funding to meet commodity shortfalls and to help countries develop their logistics management capacity. In addition to providing commodities, the extrabudgetary funds have enabled UNFPA to respond, in part, to country requests for technical assistance and to implement national capacity building activities such as the workshops on RHCS.

12. In 2002, UNFPA received urgent requests from 73 countries for reproductive health commodities totalling $150 million. The Fund was able to meet only $25 million of these needs through extrabudgetary funds provided by the Governments of Canada, the Netherlands and the United Kingdom. The significant gap between the growing demand for reproductive health commodities and the availability of donor support continues to be a major challenge to achieving RHCS.

13. To further resource mobilization efforts, UNFPA organized a meeting of donors and other partners to discuss the possibility of establishing a global partnership for reproductive health commodities. Subsequently, with support from the United Kingdom's Department for International Development (DFID), a consultant was engaged to prepare a report entitled "Exploring the issues of establishing a reproductive health commodities trust fund". The report was presented in January 2003 to a consultative meeting organized by UNFPA with other stakeholders, including bilateral donor agencies, private foundations and other international institutions.

Databases

14. UNFPA has continued the development of its database that compiles and analyses the reproductive health commodity situation in each programme country. The data enables UNFPA to more effectively plan its responses to complex reproductive health commodity issues at global and country levels.

15. UNFPA also continued its work on the donor support database and published the annual database report for 2001. The database is an important advocacy tool for donors and technical agencies and also helps them to better plan and coordinate their programmes of assistance.

Partnerships

16. Recognizing the vital importance of building linkages with other partners focusing on reproductive health, UNFPA has actively participated in the development of the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS), a joint effort of agencies interested in RHCS, including WHO, USAID, PATH, JSI, Management Sciences for Health (MSH), Johns Hopkins University and various NGOs and technical agencies based in the United States and Europe. SPARHCS is focusing on building a common assessment framework for achieving commodity security at country level.

17. UNFPA has collaborated with WHO in the development of a basic list of reproductive health commodities. The list is being published and will be used as a planning and procurement tool by UNFPA country offices and others. The Fund is coordinating with a consortium of NGOs on the International Initiative on Reproductive Health Supplies. The consortium is setting up a web-based source for reproductive health commodity supply information called RHInterchange. Once the RHInterchange is operational it will provide real-time tracking of commodity shipments and pipeline information and serve as a useful planning and management tool for the provision of commodities.

18. It should be underscored that in addition to reproductive health commodities, countries need adequate resources to strengthen their capacity to estimate, finance, procure and deliver the commodities. Many developing countries also need assistance for effective coordination of partnerships to strengthen long-term cooperation and sustainability. To ensure RHCS and

contribute to the achievement of the MDGs there is an urgent need to secure additional funds for reproductive health commodities and the provision of technical assistance.

II. HUMANITARIAN ASSISTANCE

19. In 2002, UNFPA continued to provide humanitarian assistance to communities affected by conflicts and natural disasters. UNFPA implements its emergency response operations in two major directions: through provision of direct humanitarian assistance, and by ensuring that issues pertaining to reproductive health, gender, and population and development strategies are included in the humanitarian and rehabilitation-oriented efforts of the international community, local authorities and civil society. While responding to emergencies, UNFPA is also attuned to emerging humanitarian, transitional and development needs. In 2002, this involved a major focus on the newly recognized nexus of drought, famine, poverty, HIV/AIDS, and sexual and gender-based violence.

20. During 2002, UNFPA improved its capacity to respond to emergencies in several ways. In July, the functions of the Humanitarian Response Unit (HRU) were formalized and the unit was relocated to the Office of the Executive Director, under the direct supervision of the Deputy Executive Director (Programme). HRU provides emergency support to UNFPA country offices, facilitates rapid field response and delivers required technical and operational backstopping to humanitarian and post-conflict programmes. Professional staff based in Geneva were added to the unit in 2002 to provide critical agency representation in meetings with humanitarian partners and to assist with rapid field response in emergency situations.

21. In 2002, UNFPA provided assistance to its ongoing emergency and post-conflict reconstruction programmes in numerous countries, including: Afghanistan, Angola, Burundi, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Ecuador, Ethiopia, Guinea, Islamic Republic of Iran, Liberia, Malawi, Republic of the Congo, Rwanda, Serbia and Montenegro, Sierra Leone, Somalia, Sudan, Timor-Leste and the United Republic of Tanzania. Assistance was also provided to the Occupied Palestinian Territory. The Fund assisted country offices in planning and implementing needs assessments, project/appeals formulation, advocacy, resource mobilization, monitoring and reporting.

Partnerships

22. As a key actor in addressing the reproductive health needs of refugees and internally displaced persons, UNFPA continued to build its networking and coordination role in this area. In 2002, as a member of the Inter-Agency Standing Committee for Humanitarian Affairs (IASC), UNFPA strengthened its partnerships with key stakeholders in the health and development sectors. This entailed an active role in policy development, planning, fund-raising, joint assessment missions, monitoring and evaluation. UNFPA also continued to advance the work of the Inter-Agency Working Group on Reproductive Health in Refugee Situations (IAWG), which has some 50 humanitarian partners from the United Nations system, NGOs and academic institutions. In April 2002, UNFPA hosted two important meetings: the IAWG biannual

meeting, and a technical meeting on HIV/AIDS in conflict situations, which was jointly organized with UNHCR. UNFPA also provided technical support for the organization of the first Department of Peacekeeping Operations (DPKO) workshop on HIV/AIDS, malaria and tuberculosis, which was held in Norway for medical staff from all United Nations peacekeeping missions and troop contingents. One specific outcome of this joint effort is the development of condom programming guidelines for peacekeeping missions and a memorandum of understanding between DPKO and UNFPA on the provision of reproductive health supplies, including condoms, essential drugs and HIV testing kits.

23. UNFPA implements its humanitarian response programmes in close coordination with the Office for the Coordination of Humanitarian Affairs (OCHA). Both in New York and Geneva, UNFPA plays an active role in OCHA-led coordination activities, while in the field UNFPA acts as part of the humanitarian coordination country teams and participates in all contingency and post-conflict rehabilitation planning. As part of OCHA contingency planning activities in 2002, UNFPA participated actively in the development and operationalization of the contingency plan for the Middle East region through pre-positioning essential equipment and supplies and conducting training for the implementing partners on operational use of the Minimum Initial Service Package (MISP) of reproductive health in crises.

24. UNFPA also participated in the UNIFEM-sponsored independent expert's assessment on women, war and peace, providing technical advice, participating in field missions, supporting background studies and assisting with the drafting of the publication "Women, War and Peace", which serves as the report on the Progress of the World's Women for 2002.

Resource mobilization

25. In 2002, the Governments of Australia, Belgium, Canada, Czech Republic, Germany, Italy, Luxembourg, the Netherlands and the United Kingdom, as well as the United Nations Foundation, continued to be the key donors for UNFPA humanitarian response projects. New contributions totalling $2.4 million were donated by Norway to support implementation of the UNFPA Great Lakes appeal in Burundi and Rwanda. Approximately $1 million was mobilized in support of UNFPA operations in the Occupied Palestinian Territory, with major contributions from the Governments of Austria, Belgium and France, as well as the OPEC Fund for International Development. These responses demonstrate the importance of advocacy. At the annual session of the Executive Board, in June 2002, in Geneva, UNFPA organized a special panel discussion on reproductive health in post-crisis situations, with a specific focus on the Great Lakes region. It was following this panel that the Norwegian delegation expressed an interest in supporting a programme in the region. UNFPA participated in the inter-agency needs assessment for the Occupied Palestinian Territory and was able to highlight reproductive health and mental health issues to donors, who then responded with financial support. Presentations on UNFPA work in crises were made in many public and donor fora in 2002, including for the Humanitarian Liaison Working Group that is composed of ambassadors from European countries with long-time interests in humanitarian response.

26. Resources were also mobilized through UNFPA participation in the Inter-Agency Consolidated Appeals Process (CAP). In 2002, UNFPA participated in 19 out of 27 appeals coordinated by OCHA. The total level of funding obtained from the CAP in 2002 amounts to $11.9 million, which is significantly below the actual requirements estimated at $35.8million. Also, as most of the resources raised, $8.2 million, were earmarked for Afghanistan, a small balance was left to support operations in other regions. The low level of resources mobilized through the CAP reflects two difficulties UNFPA has been facing: (a) the low priority given to health in general, and women's health in particular, in emergency situations versus the high priority and level of response given to food and shelter; and (b) inadequate recognition by some donors and partners within the United Nations family of the role of UNFPA in emergency response and post-war rehabilitation programmes.

Reproductive health support

27. UNFPA continues to apply integrated approaches to its programming in humanitarian settings, combining reproductive health services and training with community reintegration and education/protection activities for women. Interventions are appropriate to country-specific situations and support a wide range of activities, such as counselling services in drop-in centres and treatment for reproductive tract infections (RTIs), STIs and other reproductive health conditions, as well as the provision of vocational skills training to conflict-affected women and girls. In the Occupied Palestinian Territory, due to restricted movements, specific attention is focused on providing community-based maternal health services and emergency obstetric care, along with training for service providers and distribution of home delivery supplies. In Timor-Leste, sexual and gender-based violence prevention programmes are being conducted with the national police and the military.

28. As part of its commitment to the inter-agency agreement on operationalizing the MISP in emergency situations, UNFPA continues to maintain a stock of emergency reproductive health kits and coordinate their distribution. In 2002, UNFPA procured and supplied reproductive health kits to a number of countries, including Afghanistan, Angola, Burkina Faso, Burundi, Côte d'Ivoire, the Democratic Republic of the Congo, Guinea-Bissau, Iraq, Islamic Republic of Iran, Jordan, Liberia, Madagascar, Papua New Guinea, Sierra Leone, Swaziland, the Syrian Arab Republic, Tajikistan, Uganda and Uzbekistan. These kits were provided to UNFPA-supported programmes, as well as to other partners, such as United Nations agencies and NGOs. The total value of kits distributed in 2002 was approximately $1.5 million, which was almost 50 per cent less than the cost of kits distributed in 2001. Although elevated interest in reproductive health kits in 2001 is explained by the high demand for these supplies on the eve of the conflict in Afghanistan, the major reason for the diminished level of distribution in 2002 was insufficient funding to support UNFPA humanitarian response operations. The contents of the reproductive health kits were revised in 2002 and the user's manual was rewritten. The new guide and interactive reproductive health kit CD-ROM will be published and disseminated in 2003.

29. In 2002, UNFPA developed draft guidelines in a number of areas to further strengthen its capacity to respond to emergency and humanitarian needs. These included guidelines on

humanitarian and emergency programming for UNFPA country offices; briefing notes on reproductive health programming in emergency settings; and guidelines on participation in the CAP. The resulting documents will be launched in 2003 following their review at an internal meeting on complex emergencies. A strategy note on the Fund's comparative advantage and role in emergency response and post-conflict rehabilitation will also be produced. HRU has worked closely with the Fund's HIV/AIDS Branch to produce the UNFPA briefing note on HIV prevention in humanitarian situations. The note provides guidance to country offices on HIV-prevention programming in emergencies and post-conflict situations.

Training and capacity-building

30. UNFPA continued to support training programmes to build capacity of the humanitarian community to respond to the needs of women and girls in crisis situations. This included emphasis on the use of the MISP. In implementing these initiatives, UNFPA partnered with the Women's Commission for Refugee Women and Children and other key stakeholders. In 2002, training activities were conducted in the Democratic Republic of the Congo, Sierra Leone, Sudan and in the Middle East region. In 2003, MISP training is to be conducted in Jordan, Iraq, the Islamic Republic of Iran and the Syrian Arab Republic. A model curriculum for a five-day training workshop on reproductive health in emergencies was developed and will be used to train field staff in 2003.

31. An important theme for UNFPA in 2002 was the impact of conflict on women and girls. During the year, the United Nations system organized a number of activities focusing on analysing the implementation of Security Council resolution 1325 on women, peace and security. UNFPA had also participated in the activities that culminated in the adoption of Security Council resolution 1379 in November 2001. A capacity-building workshop for women's NGOs working in conflict areas was organized by UNFPA in follow-up to the 2001 meeting on the impact of conflict on women and girls. The workshop aimed to build NGO capacities to incorporate a gender perspective in conflict prevention, peace-building and conflict resolution. This workshop was appreciated by the NGOs from Afghanistan, Bosnia and Herzegovina, Colombia, Lebanon, Liberia, Sierra Leone and the Occupied Palestinian Territory. Many of the NGOs have asked for UNFPA assistance to carry out further training in 2003.

HIV/AIDS prevention

32. HIV/AIDS prevention has become a key area of programming for UNFPA operations in emergency and conflict settings. Working in two specific settings, i.e., the Democratic Republic of the Congo and Sierra Leone, UNFPA has developed an innovative multisectoral concept of HIV/AIDS prevention, including prevention and treatment of sexual and gender-based violence, in conflict and post-conflict situations. The approach includes such components as: (a) HIV/AIDS prevention in military, police, demobilized and peacekeeping forces; (b) creation of a safe blood supply; (c) prevention of HIV/AIDS/STIs among vulnerable women affected by crises; (d) HIV/AIDS prevention among adolescents, refugees and internally displaced persons; and (e) strengthening the capacity of local NGOs. The approach is also being applied in other

countries, including the Republic of the Congo and Ethiopia. As a partner in the HIV and Security Steering Committee, UNFPA has worked in cooperation with DPKO, UNAIDS and UNIFEM to develop specific HIV-prevention initiatives in the major United Nations peacekeeping contingents in Africa, namely, the United Nations Mission in the Democratic Republic of the Congo (MONUC) and the United Nations Assistance Mission in Sierra Leone (UNAMSIL). Parallel to these activities, UNFPA continues to work with national demobilization programmes, for example, in Burundi, the Democratic Republic of the Congo, Eritrea and Rwanda, and supports the reintegration of adolescent ex-combatants into the community through education and life skills development programmes. UNFPA is also involved in a number of similar education programmes for the police and the military in Serbia and Montenegro, Timor-Leste and Ukraine. The programmes seek to promote tolerance, gender equity and HIV/AIDS prevention among the respective target groups.

Needs assessment

33. UNFPA continues to assist in implementation of needs assessments and situation analyses of natural and man-made disasters, as well as conflict-driven complex emergencies. Such assessments, whether rapid or more in-depth, help ensure that responses will be tailored to existing conditions on the ground and affected people's real needs. In 2002, a joint UNIFEM/UNFPA situation analysis, with technical assistance from the Boston University Center for International Health, was conducted in Sierra Leone. This study examined the convergence of three issues: (a) the position of women in post-conflict Sierra Leone; (b) the impact of the peacekeeping mission on society; and (c) STIs and HIV/AIDS. The recommendations of the study constituted the basis for further programming in the country. Other examples of UNFPA data collection activities include a detailed analysis of the impact of reproductive health support among refugees in Guinea, undertaken in collaboration with UNHCR; development of a comprehensive database on the displaced population in the Republic of the Congo (this was used as a baseline for all United Nations agency humanitarian programming in the country); and an inventory/assessment of health facilities and services in Afghanistan, in collaboration with HANDS, a Japanese NGO, and MSH. In Burundi, UNFPA conducted the first comprehensive census/survey of the internally displaced population.

34. With support from the Belgian Government, UNFPA is addressing the needs of internally displaced adolescents through implementation of a set of subprojects in Burundi, Colombia, the Democratic Republic of the Congo, Liberia, Rwanda, Sierra Leone and the Occupied Palestinian Territory. The initial phase of the project collected baseline data on the behaviours and risks of forced migrants, particularly adolescents, and their access to reproductive health services and information. The outputs of these assessments were summarized in a meeting of national project counterparts held in Brussels in October 2002. The meeting also served as a basis for the creation of an electronic network for continued sharing of experiences and ideas. The participants made presentations on the specific reproductive health issues facing adolescents in their areas, shared their work plans and gathered programming ideas from technical experts from UNFPA, UNICEF, Marie Stopes International, the United States Institute for Peace and the

University of Ghent. The workshop was hosted by the Belgian Ministry of Development Cooperation and a number of Ministry staff participated.

35. In conclusion, it should be noted that despite the success in expanding its humanitarian and emergency response operations, UNFPA continues to face significant challenges, primarily in terms of human and financial resources. Although resource mobilization through the CAP has been successful for some well-publicized situations, for example, Afghanistan, support for other emergencies depends on other resource mobilization strategies, including the development and marketing of country, regional or global proposals. The unpredictability of resources for any given year severely complicates the distribution of existing resources for specific emergencies and requires constantly shifting prioritization and contingency planning, in terms of financial and technical support available to country offices. The impact of the global economic situation has affected humanitarian support from both donor countries and private foundations, and has intensified the task of resource mobilization. However, despite these challenges, it is satisfying to note that among the Fund's development partners there is an increased awareness of the importance of reproductive health, particularly HIV prevention, in humanitarian situations.

III. SECTOR-WIDE APPROACHES

36. At its annual session in 2002, the Executive Board adopted decision 2002/6 on sector-wide approaches (SWAps). The Board requested UNFPA, inter alia, to contribute, at the request of recipient countries, to national activities, including SWAps, in order to strengthen the implementation of the ICPD Programme of Action toward the attainment of the MDGs. The Board also requested the Executive Director to outline progress achieved in her annual report. As a first step, following decision 2002/6, UNFPA requested all its country offices to report regularly on their involvement in SWAps as part of their annual reporting to headquarters. Below is an overview of UNFPA activities undertaken in 2002 at both the field and headquarters levels with regard to participation in SWAps.

37. In several countries where SWAps have been ongoing for a relatively long period of time, for example, Bangladesh, Ghana, Mozambique, Senegal, Uganda and the United Republic of Tanzania, UNFPA has been playing an active role in promoting the ICPD Programme of Action in national policy dialogues and various working groups set up under the respective SWAp processes. In Bangladesh, UNFPA is actively paticipating in the planning for the second SWAp, known as the Health, Nutrition and Population Sectoral Programme. In Mozambique, UNFPA has increased its involvement over the course of 2002. Until the beginning of 2002, UNFPA involvement in the SWAp processes of Mozambique was primarily through participation in the coordination meetings. Since July 2002, a chief technical adviser, supported by UNFPA, has been posted at the Community Health Department to ensure that sexual and reproductive health issues are consistently integrated into the health sector reform. UNFPA also undertook a review of the integration of reproductive health and gender in the health sector reform that identified areas in which further advocacy and support were needed. In addition, UNFPA supported the development of a national operational plan for maternal mortality reduction in line with the SWAp approved by the Ministry of Health.

38. In Cambodia, Malawi and a number of other countries where the sectoral approach is in earlier stages of development, UNFPA is working with key development partners in the SWAp and has provided funding and technical expertise for the SWAp process. The concerned country offices are also engaged in defining how to go about integrating future UNFPA programme contributions into the regular channels of the SWAp, rather than through vertical programmes as in the past. In late 2002, UNFPA headquarters provided supplementary funding to Cambodia, Malawi and other countries to support missions to examine the most effective ways for UNFPA to promote the ICPD Programme of Action within the context of the sectoral reforms and programmes.

39. In other countries, including Bolivia, Nicaragua and Yemen, where there is no SWAp process as yet, but where the government and development partners are exploring ways to improve coordination in support of sectoral policies and programmes, UNFPA is playing a proactive and facilitating role. In Nicaragua, for example, UNFPA is promoting a coordinated subsector programme in the area of sexual and reproductive health with the support of DFID, the Norwegian Agency for Development Cooperation (NORAD) and the Canadian International Development Agency (CIDA). UNFPA is currently managing several reproductive health projects on behalf of these bilateral donors within the context of the national reproductive health programme, 2002-2006. DFID and UNFPA are working closely in looking at joint mechanisms that the Ministry of Health will require for planning, implementing, monitoring and reporting within the reproductive health subsector. This subsector approach is seen as a possible starting point for a coordinated approach to the whole health sector, since neither the experience nor conditions are yet in place for a full-fledged SWAp.

40. Whereas UNFPA has been most active in health sector SWAps, in some countries the Fund is also playing a role in education sector reforms and SWAps. In Panama, for example, UNFPA participation in the national dialogue for the transformation of Panama's education system helped to secure consensus on the inclusion of sexuality education in school grades one to nine.

41. Although UNFPA has become increasingly involved in SWAps, especially during 2002, it is also true that this is still an evolving area of work in which the Fund is "learning by doing". SWAps present a number of challenges. The most important challenge cited by UNFPA country offices is the limited staff available to participate in the large number of coordination meetings typically required under a SWAp. In Bangladesh, for example, there were 20 working groups for the initial stage of the planning process that spanned several months, and UNFPA participated in 11 of these in addition to participating actively in the higher-level coordination meetings. Another challenge is the need for greater technical expertise in country offices, among the CSTs and at headquarters in certain specialized technical areas such as health economics and health financing. Furthermore, there is a certain amount of perceived tension between the emphasis on results based-management and accountability for UNFPA resources on the one hand, and joint programming on the other. UNFPA country offices have expressed a keen desire for best practices and lessons learned from other countries.

42. In terms of funding modalities, parallel project funding continues to be the main UNFPA resource transfer modality. At the same time, as mentioned above, UNFPA is working closely with other development partners in various countries to establish the necessary accountability mechanisms that would facilitate the mainstreaming of funds through common baskets and/or other regular mechanisms established through SWAps. Meanwhile, parallel project funding is not seen as an impediment to active participation in the SWAp process as long as the UNFPA programme is clearly supportive of the identified sectoral policies and programmes.

43. To address the challenges mentioned above, UNFPA has put strong emphasis on strengthening the Fund's capacity to participate actively in SWAps and other national policy dialogues and development frameworks, including through strengthening the Fund's Technical Advisory Programme to facilitate the work of country offices. In August 2002, for example, the UNFPA Deputy Executive Director (Programme) sent a memorandum to all UNFPA Representatives, CSTs and field staff clarifying the role of UNFPA in SWAps and setting forth the conditions and mechanisms under which UNFPA could participate in basket funding and agree to joint programme reporting (replacing UNFPA reporting requirements). Also, in 2002, UNFPA sponsored a second round of the World Bank Institute training on health sector reform for UNFPA staff. Approximately 35 field staff participated in the course.

44. In 2002, several activities were also initiated in the areas of reproductive health costing, an important aspect of UNFPA involvement in SWAps, poverty reduction strategy papers (PRSPs) and health sector reform. (See also document DP/FPA/2003/4, Part I, for additional information on the Fund's involvement in PRSPs). UNFPA capacity has been strengthened in the area of health economics and a working group on costing has been set up, coordinated by the Fund's Technical Support Division with participation from CSTs and country offices. The group met in New York in November 2002 and agreed on priority actions. Among the activities undertaken by UNFPA in reproductive health costing in 2002 were the establishment of a reproductive health costing web site and a review of existing costing tools. Activities planned for 2003 include the development of a reproductive health costing tool kit and the production of a guide on reproductive health financing and health economics for reproductive health managers who are non-economists.

45. During the last quarter of 2002, UNFPA also strengthened its coordination function with regard to SWAps. This included the identification of training needs and strategies, and knowledge and information sharing among country offices on their experiences with SWAps. Among the activities planned for 2003 are the launch of a UNFPA web page on SWAps, the creation of a virtual discussion group and the development of a self-learning module on SWAps. In addition, UNFPA is planning to undertake an in-depth study on the role of UNFPA in promoting the ICPD Programme of Action in the context of SWAps in selected countries. The study would be used to identify challenges, best practices and training needs.

46. UNFPA also plans to continue working with the World Bank Institute to further adapt the course on health sector reform to match the Fund's needs and to make the course available to as

many UNFPA staff as possible. As a matter of priority, the course will be targeted to the needs of CSTs and staff in those country offices that are in the planning stages of a SWAp. While UNFPA has already increased the core resources devoted to building UNFPA capacity in support of SWAps, PRSPs and other policy dialogues, it is critical that additional resources are mobilized to support these efforts.

*****